Department of Community Development

(909) 799-2830 • FAX (909) 799-2894

Project Number	
Amount Paid	
Date	·
Bldg. Permit #	

## NON-RESIDENTIAL CHANGE OF LAND USE / BUSINESS OCCUPANCY APPLICATION \$260.00 COMMUNITY DEVELOPMENT FEE \$ 35.00 BUILDING INSPECTION FEE

ΑI	PPLICANT NAME:					
NA	AME OF BUSINESS:					
ΒL	JSINESS ADDRESS:SUITE #					
ΒL	JSINESS DAYTIME PHONE: FAX:					
ΔT	PPLICANT ADDRESS:					
	TY/STATE/ZIP CODE:					
DA	AYTIME PHONE:FAX:					
NA	AME OF PROPERTY OWNER:					
	DDRESS:PHONE:					
	TY/STATE/ZIP CODE:					
DI	ESCRIPTION OF BUSINESS ACTIVITY:					
ZC	ONING: ASSESSOR'S PARCEL NUMBER(S):					
1.	IS THIS ONLY A CHANGE IN BUSINESS OWNERSHIP, NOT A CHANGE IN BUSINESS OR					
	BUSINESS NAME? YES  / NO  Previous Land Use/Business Occupancy #					
2.	. IS THIS ONLY A CHANGE IN BUSINESS NAME, NOT A CHANGE IN OWNERSHIP?					
	YES  / NO Previous Land Use/Business Occupancy #					
3.	WILL YOUR BUSINESS INVOLVE:  A NEW SIGN (Sign Permit will be required),					
	CHANGE OF LETTERING ON PRESENT SIGN STRUCTURE (Sign Permit may be required),  NO SIGN CHANGE					
1	WILL CHEMICAL(S) BE UTILIZED OR STORED? YES / NO PLEASE LIST:					
4.	WILL CHEWICAL(3) DE UTILIZED OR STORED: TE3					
	a) What room will they be utilized?					
	b) What room will they be stored?					
5.	HOW MANY PERSONS WILL BE EMPLOYED ON THE LARGEST SHIFT?					
6.	IS THIS A FIRST TIME USE OF THE BUILDING? YES [] / NO []					
7.	WILL THERE BE ANY IMPROVEMENTS OR MODIFICATIONS TO THE SITE OR BUILDING (I.E. NEW INTERIOR WALLS, OPENINGS, ELECTRICAL, PLUMBING, HEATING)? YES // NO // IF YOU ANSWERED "YES", BUILDING PERMITS SHALL BE REQUIRED. BUILDING					

DEPARTMENT BUSINESS HOURS: 8AM - 11AM MON - THURS.

8.	WILL THERE BE ANY USE OF UT USED BY THE PREVIOUS BUSINESS							
9.	WHAT TYPE OF MECHANICAL DEVICES WILL BE USED IN YOUR OCCUPANCY?							
10.	. WILL YOUR BUSINESS INVOLVE A SERVICE OR PRODUCING A PRODUCT? PLEASE EXPLAIN:							
11.	. IF PRODUCING PRODUCTS FOR SALE, WHERE WILL THE PRODUCTS BE SOLD?							
12.	. WHAT TYPE AND HOW MANY SUPPLIES OR MATERIALS WILL BE STORED? IN WHAT ROOM WILL THEY BE STORED?							
	***** <u>PLEASE READ AND SIGN</u> *****							
VE 10	E PROJECT SITE IS SUBJECT TO I RIFICATION OF A BACKFLOW DE BUSINESS DAYS. ANY C QUIREMENTS BY PUBLIC WORKS	VICE AT THE PRO ORRECTIONS, I	JECT SITE. THIS P MPROVEMENTS,	ROCESS TAKES UP TO OR INSTALLATION				
DE	E PROJECT SITE WILL ALSO PARTMENT. PLEASE CONTACT SPECTION AT (909) 799-2837.							
TA	NDERSTAND THAT, SUBJECT TO XES," I AGREE TO PAY THE REQU SINESS TAX DEPARTMENT.							
AP	PLICANT'S SIGNATURE:			DATE:				
PROPERTY OWNER'S OR MANAGER'S SIGNATURE:				DATE:				
	THIN ONE-YEAR OF THE DATE OF MMENCE OR THE PERMIT WILL E		OPERATIONS OF	THE BUSINESS SHALL				
EX	PIRATION DATE:							
	PROVED BY CITY OF LOMA LIND MMUNITY DEVELOPMENT DEPA							
SIC	SNATURE:			DATE:				
	FO	R OFFICE USE	ONLY					
Ap	proved as complying with applicable (	City Standards and p	providing evidence of	required permits.				
		<u>APPROVAL</u>		<u>DATE</u>				
	Building and Safety Division							
	Fire Inspector - Public Safety							
	P.W. Utilities Supervisor Notice only - No plans							
cc:	Business Tax Department Fire Marshal Economic Development Director		Finance (01-9400	Validate:Receipt #)				

I:App/LandUseApp.doc Rev. 6/27/06